

Seminole Nation TYP 8th Annual 4 Week Summer Youth Camp 2014
Registration Form

(Only one participant per form please)

Applications will be accepted from May 1 – May 23, 2014 – We are taking the first 40 youth who sign up on a first come, first serve basis!

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Age: _____ Birth Date: _____ Male: _____ Female: _____

(Must be 6yrs or older)

Please specify T-Shirt size: _____ Has your child attended our camp before? **Yes** or **No**
(Please circle)

***Please submit a copy of CDIB or Tribal Enrollment Card w/application before turning into the office or application will not be accepted, unless we have one on file!**

Contact Information:

Primary contact: _____ **Ph#** _____
(In case of emergency)

Secondary contact: _____ **Ph#** _____

Pick-up/Drop-off Information:

Will participant need transportation? Yes _____ No _____ (please call TYP office for pick up and drop off sites)

Will participant be dropped off/picked up by someone? Yes _____ No _____

Primary person for drop-off/pick-up: _____ Ph. #: _____

Alternate person for drop-off/pick-up: _____ Ph.# _____

Please return application to Tribal Youth Program by Fax or deliver to the TYP office

*****PLEASE DO NOT MAIL IN APPLICATIONS*****

FAX: 405-234-5297

**RETURN TO: Seminole Nation Tribal Youth Program
Mekusukey Mission/Community Services
Bldg. (405) 234-5269 or 303-2597**

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Release of Liability

DISCLAIMER

I GRANT PERMISSION FOR:

The child listed on this form to become a participant of the TYP Summer Camp sponsored by the Seminole Nation Tribal Youth Program. If necessary, Tribal Youth staff and/or employees may administer first aid or emergency treatment procedures to my child, which may include admission to a hospital.

I understand that there may be risks of physical harm, foreseen or unforeseen, associated with participation in the activities included in the TYP Summer Program and that cannot be excluded without destroying the unique character of the Event. These inherent risks include dangers of serious personal injury and property damage. I know that injuries/accidents can occur by natural causes or activities of other persons. I nevertheless want my child/ward/self to participate in the Program and I hereby voluntarily and freely assume all risks associated with that participation. In consideration for my child/ward/self being allowed to participate in the TYP Summer Program, the undersigned individuals waive all liability for any damages the participant or the undersigned may suffer and release and agree to hold harmless the Seminole Nation Tribal Youth Program, employees, and program related staff from any costs or liability for damages arising from any injury, loss, accidents, delay, or irregularity related to the participant's planned participation or involvement in the following project:

TYP 8th Annual 4 Week Summer Youth Camp

This release covers all rights and actions of every kind, nature and description, which the undersigned ever had or will have. This release is binding on the undersigned, his/her, heirs, representatives and assignees.

Parent or Guardian Signature

Date

My child has permission to be photographed for publicity and marketing materials, which will be used by the TYP and collaborating programs (S.N. TYP, Diabetes, CHR, ASAP, WPR and etc.)

Yes _____ or No _____

Please specify any health conditions, allergy to food and or medications that TYP staff will need to be aware of: _____